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BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

Att'y. Docket No. S-9-2

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Date of Deposit October 3, 2000

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Sir:

Transmitted herewith for filing is the ☐ patent application,
☐ design patent application, ☒ continuation-in-part patent application of

Inventor(s): **JEAN WOLOSZKO, THEODORE C. ORMSBY, JOHN J. QUACKENBUSH, and BRIAN MARTINI**

For: **APPARATUS FOR TREATMENT OF SPINAL DISORDERS**

☒ This application claims priority from each of the following Application Nos./filing dates:
60/224,107 / August 9, 2000 ; PCT/US00/13706 / May 17, 2000 ; 09/316,472 / May 21, 1999 ;
09/295,687 / April 21, 1999; 09/054,323 / April 2, 1998; 09/268,616 / March 15, 1999;
08/990,374 / December 15, 1997; 08/485,219 / June 7, 1995; 09/026,851 / February 20, 1998; 08/690,159 / July 18, 1996.

Enclosed are:

- ☒ 51 sheet(s) of ☐ formal ☒ informal drawing(s).
☒ An assignment of the invention to ArthroCare Corporation
☒ A ☒ signed ☐ unsigned Declaration & Power of Attorney.
☐ A ☐ signed ☐ unsigned Declaration.
☐ A Power of Attorney by Assignee.
☒ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☒ is enclosed ☐ was filed
in the earliest of the above-identified patent application(s).
☐ Information Disclosure Statement under 37 CFR 1.97.
☐ A petition to extend time to respond in the parent application of this continuation-in-part application.
☒ The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	66 -20=	* 46
INDEP CLAIMS	6 -3=	* 3
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY			OTHER THAN A SMALL ENTITY		
RATE	FEE	OR	RATE	FEE	
	\$355	OR		\$710	
X9=	\$414	OR	X18=	\$	
X40=	\$120	OR	X80=	\$	
+130=	\$	OR	+260=	\$	
TOTAL	\$889	OR	TOTAL	\$	

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

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- ☒ Filing fee
☒ Any additional fees associated with this paper or
during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice
of Allowance, pursuant to 37 CFR 1.311(b).

\$ 889.00

☐ A check for \$ _____ is enclosed.
1 extra copy of this sheet is enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

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